K122270

Section 5. 510(k) Summary for OverTube™ Endoscopic Access System

SEP 2 8 2012

Company:

Apollo Endosurgery, Inc.

7000 Bee Cave Road, Suite 350

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Date Prepared:

18 September 2012

Device:

Trade Name:

OverTube™ Endoscopic Access System

Regulation Number:

21 CFR § 876,1500

Regulation Description:

Endoscope and accessories

Product Code:

FED

Classification Panel:

Gastroenterology/Urology

Device Classification:

Class II

Predicate Device(s):

1. KO40836: US Endoscopy Disposable Overtube

Indications for Use:

To be used in conjunction with an endoscope for foreign body removal or endoscopic procedures requiring multiple insertions of the endoscope into the lower or upper gastrointestinal tract.

Device Description:

The OverTube™ Endoscopic Access System is comprised of a single, polymer extrusion shaft reinforced with a metallic coil. The hub located at the proximal end of the device contains a cuff seal which can be inflated with air using a syringe to reduce loss of pressure when insufflation is used. The device is available in a single effective length of 27 cm with a tapered distal tip. The OverTube™ Endoscopic Access System will be delivered in a manner that a clinician may open one (1) OverTube per clinical procedure. The OverTube™ Endoscopic Access System will be provided in both sterile and non-sterile models. The sterile model is terminally

sterilized by ethylene oxide (EO).

Technological Characteristics and Substantial Equivalence

The following table compares the OverTube™ Endoscopic Access System to the predicate device with respect to intended use and technological characteristics, providing more detailed information regarding the basis for the determination of substantial equivalence.

Table 5-1. Device Comparison Table

Parameter	Apollo Endosurgery	US Endoscopy
*	OverTube™ Endoscopic	Disposable Overtube
	Access System	(Guardus®)
510(k) Number	To be assigned	K040836
Indications for Use	To be used in conjunction with	The disposable Overtube is a
	an endoscope for foreign body	device used in conjunction
	removal or endoscopic	with a flexible endoscope for
	procedures requiring multiple	foreign body or tissue
	insertions of the endoscope	retrieval and/or for
	into the lower or upper	endoscopic procedures
	gastrointestinal tract.	requiring multiple endoscope
		intubations.
Regulation Number	876.1500	876.1500
FDA Product Code	FED	KOG
Prescription / OTC Use	Prescription	Prescription
Single-Use / Reusable	Single-Use	Single-Use
Dimensions		
Effective Length	27 cm	25 cm – 50 cm
Overtube Shaft OD	19.5 mm	19.5 mm
Overtube Shaft ID	16.7 mm	16.7 mm
Tapered Tip ID	11 mm ·	10.4 mm (insertion tube)
•		16.8 mm (outer tube)
Physical Characteristics		
Overall Design	Single tube	Dual tube
Compatible Scope OD (mm)	10 mm – 16 mm	8.6 mm – 11.7 mm
Reinforcement Material	Wire coil design	Wire coil design
Tapered Tip	Yes	Yes
Insufflation Method	Cuff	Сар
Sterilization and Shelf Life		<u>,</u>
Sterility	Sterile and Non-sterile	Non-sterile only
Sterilization Method	Ethylene oxide	None
Primary Package	Pouch	Tray
CL MALE (N. D. D. L.)	Three (3) years	Three (3) years
Shelf Life (Use By Date)	Trifee (5) years	Three (3)

Summary of Non-Clinical Data Submitted

Performance testing was conducted on the OverTube™ Endoscopic Access System to establish substantial equivalence. Functional performance testing included insertion and removal force requirements, shaft deflection, leakage rate, bond strength and foreign body removal. The OverTube™ Endoscopic Access System was subjected to biocompatibility evaluation in accordance with ISO 10993-1:2009. Additionally the OverTube™ Endoscopic Access System was adopted into the existing ethylene oxide sterilization cycle which was validated in accordance with ISO 11135-1:2007.

Safety and Effectiveness

By definition, a device is substantially equivalent to a predicate device when the device has the same intended use and the same technological characteristics as the previously cleared predicate device, or has the same intended use and different technological characteristics, and it can be demonstrated that the device is substantially equivalent to the predicate device, and that the new device does not raise different questions regarding its safety and effectiveness as compared to the predicate device.

It has been shown in this 510(k) submission that the differences between the OverTube™ Endoscopic Access System and predicate device do not raise any questions regarding its safety and effectiveness. The OverTube™ Endoscopic Access System, as designed and manufactured, therefore is determined to be substantially equivalent to the referenced predicate device.



Food and Drug Administration 10903 New Hampshire Avenue Document Control Room –WO66-G609 Silver Spring, MD 20993-0002

Ms. Heather Crawford, RAC Director, Quality and Regulatory Apollo Endosurgery, Inc. 7000 Bee Cave Road, Suite 350 AUSTIN TX 78746 SEP 2 8 2012

Re: K122270

Trade/Device Name: OverTube™ Endoscopic Access System

Regulation Number: 21 CFR 876.1500

Regulation Name: Endoscope and accessories

Regulatory Class: II Product Code: FED Dated: July 27, 2012 Received: July 30, 2012

Dear Ms. Crawford:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical

device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office

of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Benjamin R. Fisher, Ph.D.

Director

Division of Reproductive, Gastro-Renal, and Urological Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

Indications for Use

510(k) Number (if known):	K 122270
Device Name:	OverTube™ Endoscopic Access System
Indications for Use:	To be used in conjunction with an endoscope for foreign body removal or endoscopic procedures requiring multiple insertions of the endoscope into the lower or upper gastrointestinal tract.
Prescription Use X (Part 21 CFR 801 Subpart D	AND/OR Over-The-Counter Use (21 CFR 801 Subpart C)
PLEASE DO NOT WRITE	BELOW THIS LINE CONTINUE ON ANOTHER PAGE IF NEEDED
Concur	rence of CDRH Office of Device Evaluation (ODE) Page 1 of 1
	(Division Sign-Off)
	Division of Reproductive, Gastro-Renal, and Urological Devices